PAGE 1 / 21

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		An Authori		/IEN IS			Office Use Only
1. NAME OF COMMITTEE (in		PRINT ▼		mple: If typing tr the lines.	g, type	12FE4M5	
JOHN MCNEI	L FOR CONGR	ESS					
ADDRESS (number ar		LLS OF NEUS	E RD				
Check if did	27615						
reported. (A	CATION NUMBER	,	CITY A			STATE	ZIP CODE
C C0060350			S THIS REPORT	X NEW (N)		AMEND (A)	STATE ▼ DISTRICT
(a) Quarterly R	5 Quarterly Report (Q1)	(b) 1:	2-Day PRE -	Election Repo Primary (12P) Convention (*		General (1 Special (1	
	Quarterly Report (Q2) r 15 Quarterly Report (Q3) E	Election on	M M /	D D /	YYYY	in the State of
January	/ 31 Year-End Report ((c) 3	0-Day POS 7	r -Election Rep	ort for the:		
				General (30G		Runoff (30	OR) Special (30S)
Termina	ation Report (TER)	E	Election on	M M /	D D /	Y	in the State of
5. Covering Period	12 / 1)15	through	M M	/ 31 /	Y Y Y Y Y 2016
I certify that I have e	examined this Report	and to the be	st of my kno	owledge and k	pelief it is tro	ue, correct and	d complete.
Type or Print Name	of Treasurer JOHN	P MCNEIL					
Signature of Treasure	er JOHN P MCNEI	L		[Electronically F	Filed] D	Date 04	/ D D / Y Y Y Y Y 2016
	false, erroneous, or inc	complete inforr	nation may s	subject the pers	son signing t	this Report to the	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

JOHN MCNEIL FOR CONGRESS

R	eport	Covering the Period: From:	12 / 17 / Y Y Y Y Y Y TO:	03 / 31 / 2016
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	5585.27	5585.27
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5585.27	5585.27
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	9432.94	9432.94
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9432.94	9432.94
8.		orting Period (from Line 27)	1386.33	
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	3494.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 21

10819.27

Write or Type Committee Name

JOHN MCNEIL FOR CONGRESS

12 03 2016 17 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 3500.00 3500.00 (i) Itemized (use Schedule A)...... 1836.50 1836.50 (ii) Unitemized (iii) TOTAL of contributions 5336.50 5336.50 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 248.77 248.77 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 5585.27 5585.27 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 3494.00 3494.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 3494.00 3494.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 1740.00 1740.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

10819.27

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

	II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	9432.94	9432.94
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	()	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	9432.94	9432.94
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	10819.27
25.	SUI	BTOTAL (add Line 23 and Line 24)		10819.27
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fror	m Line 22)	9432.94
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	1386.33

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 21 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS Full Name (Last, First, Middle Initial) Kimberly Aspenleiter Date of Receipt Mailing Address PO Box 1895 01 2016 23 City State Zip Code Transaction ID: SA11AI.4101 NC 28388 Southern Pines FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Moore Equine Feed & Supply Owner/Manager Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Kimberly Aspenleiter Date of Receipt Mailing Address PO Box 1895 01 27 2016 Citv State Zip Code Transaction ID: SA11AI.4105 Southern Pines NC 28388 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation Owner/Manager Moore Equine Feed & Supply Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Kimberly Aspenleiter Date of Receipt Mailing Address PO Box 1895 2016 02 City State Zip Code Transaction ID: SA11AI.4114 NC Southern Pines 28388 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Moore Equine Feed & Supply Owner/Manager Memo Item Receipt For: 2016 Election Cycle-to-Date ✓ Primary General Other (specify) 325.00 325.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) (check only for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	o_	OF	۷١
(che	ck only	or	ne)					
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Full Name (Last, First, Middle Initial) Kimberly Aspenleiter		Data of Daggint
Mailing Address PO Box 1895		Date of Receipt 02 02 2016
City Southern Pines	State Zip Code NC 28388	Transaction ID : SA11AI.4117
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Moore Equine Feed & Supply	Occupation Owner/Manager	25.00 Memo Item
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 350.00	
Full Name (Last, First, Middle Initial) Kimberly Aspenleiter		Date of Receipt
Mailing Address PO Box 1895		02 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Southern Pines	State Zip Code NC 28388	Transaction ID : SA11AI.4124
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
Name of Employer	Occupation	160.00
Moore Equine Feed & Supply Receipt For: 2016 Primary General Other (specify)	Owner/Manager Election Cycle-to-Date 510.00	In-kind - Cupcakes and Trail Mix for Campaign Kic
Full Name (Last, First, Middle Initial) Kimberly Aspenleiter		Date of Receipt
Mailing Address PO Box 1895		02 12 2016
City Southern Pines	State Zip Code NC 28388	Transaction ID : SA11AI.4154
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Moore Equine Feed & Supply	Occupation Owner/Manager	1000.00 Memo Item
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
		1185.00

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 7 OF 21 Use separate schedule(s) (check only one) 11a 11b 11d 11c 12 13a 13b 14

for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS Full Name (Last, First, Middle Initial) Kimberly Aspenleiter Date of Receipt Mailing Address PO Box 1895 03 2016 09 City State Zip Code Transaction ID: SA11AI.4170 NC 28388 Southern Pines FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1040.00 Name of Employer Occupation Moore Equine Feed & Supply Owner/Manager Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 2550.00 Other (specify) Full Name (Last, First, Middle Initial) Kimberly Aspenleiter Date of Receipt Mailing Address PO Box 1895 03 09 2016 Citv State Zip Code Transaction ID: SA11AI.4196 Southern Pines NC 28388 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 150.00 Name of Employer Occupation Owner/Manager Moore Equine Feed & Supply Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) Mary Nance Date of Receipt Mailing Address 3121 Hunters Bluff Drive 2016 02 City State Zip Code Transaction ID: SA11AI.4134 NC Raleigh 27606-9628 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation McNeil Law Firm Office Manager Memo Item Receipt For: 2016 Election Cycle-to-Date ✓ Primary General

500.00

1690.00

Use separate schedule(s) (c) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRES	SS					
۹.	Full Name (Last, First, Middle Initial) Nancy Novell Mailing Address 1105 Hemingway Dr		Date of Receipt 02 02 2016				
	City Raleigh	State Zip Code NC 27609-6025	Transaction ID : SA11AI.4132				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
	Name of Employer Food Bank of Central and E NC	Occupation Executive Assistant	Memo Item				
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 300.00					
3.	Full Name (Last, First, Middle Initial) Mailing Address	Date of Receipt					
	City	State Zip Code					
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
	Name of Employer	Occupation	Memo Item				
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date					
_	Full Name (Last, First, Middle Initial)		Date of Receipt				
٠.	Mailing Address		M M / D D / Y Y Y Y				
	City	State Zip Code					
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
	Name of Employer	Occupation	☐ Memo Item				
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date					
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_	OTAL This Devied (lest page this line number of		3500.00				

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	ly information copied from such Reports and S for commercial purposes, other than using the								f soliciting			
	NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRES											
Α.	Full Name (Last, First, Middle Initial) JOHN P MCNEIL					Date of	f Ro	ceint				
Α.	Mailing Address 6325 FALLS OF NEUSE RD.					M M	_	D D	/ Y	Y	Υ	
	SUITE 35-233	State	Zip Code	<i>2</i>		01	4	09		2016		
	RALEIGH	NC	27615		<u>Tı</u>	ransact	tion I	ID : SA1	1D.4253			
	FEC ID number of contributing federal political committee.	С не	NC13046			Amoun	t of	Each Re	eceipt this			
	Name of Employer	Occupation	1			<u></u>	_	1	-	70.4	1	
	McNeil Law Firm	Attorney					mo It		/laterials/C	Office Sur	nnline	
	Receipt For: 2016 Frimary General	Election C	ycle-to-Date		'	iii-kiiiu -	Can	ripaigri iv	nateriais/C	mice Sup	philes	
	Other (specify)		, ,	2764.41								
_	Full Name (Last, First, Middle Initial) JOHN P MCNEIL					Date of	f Red	ceipt				
B.	Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233					M M 01	′	D D D	/ Y	2016	Y	
	City RALEIGH	State NC	Zip Code 27615	9	Tr	ransact	ion I	D : SA1	1D.4246			
	FEC ID number of contributing federal political committee.	C H6NC13046					Amount of Each Receipt this Period					
	Name of Employer	Occupation	1					,		50.0	0	
	McNeil Law Firm	Attorney				Mei	mo It	em				
	Receipt For: 2016	Election C	ycle-to-Date									
	Primary General Other (specify)		, , ,	2814.41								
_	Full Name (Last, First, Middle Initial) JOHN P MCNEIL					Date of	f Red	ceipt				
C.	Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233 City	State	Zip Code			M M M	/	24		2016	Y	
	RALEIGH	NC	27615	,	Т	ransact	tion	ID : SA1	1D.4257			
	FEC ID number of contributing federal political committee.	С не	NC13046			Amoun	nt of	Each Re	eceipt this	Period		
	Name of Employer	Occupation	1							53.3	6	
	McNeil Law Firm	Attorney					mo lt		,			
	Receipt For: 2016	Election C	ycle-to-Date		I	In-kind -	- Can	npaign N	/laterials			
	Primary General Other (specify)		, , ,	2867.77								
s	UBTOTAL of Receipts This Page (optional)					Ė	-	-		173.7	7	
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Detailed Summary Page		12		13a	13b		14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 2016 13 SUITE 35-233 City State Zip Code Transaction ID: SA11D.4244 NC 27615 **RALEIGH** FEC ID number of contributing Amount of Each Receipt this Period H6NC13046 federal political committee. 50.00 Name of Employer Occupation McNeil Law Firm Attorney Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 2917.77 Other (specify) Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 03 18 2016 SUITE 35-233 City State Zip Code Transaction ID: SA11D.4245 **RALEIGH** NC 27615 FEC ID number of contributing Amount of Each Receipt this Period С H6NC13046 federal political committee. 25.00 Name of Employer Occupation Attorney McNeil Law Firm Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 3242.77 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... 248.77 TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 11 OF 21
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	11a11b	11c 11d
	12 X 13a	13b 14 15

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NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 2015 17 SUITE 35-233 City State Zip Code Transaction ID: SA13A.4250 NC 27615 **RALEIGH** FEC ID number of contributing Amount of Each Receipt this Period H6NC13046 federal political committee. 204.00 Name of Employer Occupation McNeil Law Firm Attorney Memo Item PO Box Fee Receipt For: 2016 Election Cycle-to-Date Primary General 204.00 Other (specify) Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 18 2015 SUITE 35-233 Citv State Zip Code Transaction ID: SA13A.4236 **RALEIGH** NC 27615 FEC ID number of contributing Amount of Each Receipt this Period С H6NC13046 federal political committee. 1740.00 Name of Employer Occupation Attorney McNeil Law Firm Memo Item Initial Filing Fee - NC State Board of Elections Receipt For: 2016 Election Cycle-to-Date | Primary General 1944.00 Other (specify) Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 2015 12 24 **SUITE 35-233** City State Zip Code Transaction ID: SA13A.4247 NC **RALEIGH** 27615 FEC ID number of contributing С H6NC13046 Amount of Each Receipt this Period federal political committee. 750.00 Name of Employer Occupation McNeil Law Firm Attorney Memo Item Receipt For: 2016 Website Fee Election Cycle-to-Date Y Primary General Other (specify) 2694.00 2694.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	12 OF 21						
Use separate schedule(s)	(check only one)								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 03 2016 17 SUITE 35-233 City State Zip Code Transaction ID: SA13A.4208 NC 27615 **RALEIGH** FEC ID number of contributing Amount of Each Receipt this Period H6NC13046 federal political committee. 300.00 Name of Employer Occupation McNeil Law Firm Attorney Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 3217.77 Other (specify) Full Name (Last, First, Middle Initial) JOHN P MCNEIL Date of Receipt Mailing Address 6325 FALLS OF NEUSE RD. 03 23 2016 SUITE 35-233 City State Zip Code Transaction ID: SA13A.4205 **RALEIGH** NC 27615 FEC ID number of contributing Amount of Each Receipt this Period С H6NC13046 federal political committee. 500.00 Name of Employer Occupation Attorney McNeil Law Firm Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 3742.77 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... 3494.00 TOTAL This Period (last page this line number only).....

	Statements may not be sold or used by any penter name and address of any political committee	
NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRE	ESS	
Full Name (Last, First, Middle Initial) State of North Carolina - Dept of Administration Mailing Address 1306 Mail Service Center City Raleigh FEC ID number of contributing federal political committee.	State Zip Code NC 27609-1306	Date of Receipt 03
Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Memo Item Refund of Initial Filing Fee due to ReDistricting
Full Name (Last, First, Middle Initial) 3. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period Memo Item
Full Name (Last, First, Middle Initial) Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	1740.00	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

21 PAGE 14 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the Detailed Summary Page **X** 17 18 19a 19b 20a 20b 20c 21

or for commercial purposes, other than using the name and address of any po		
NAME OF COMMITTEE (In Full)		
> JOHN MCNEIL FOR CONGRESS		
Full Name (Last, First, Middle Initial) A. Hewitt Campaigns		ate of Disbursement
Mailing Address 543 Doorley Rd		03 / 16 / 2016
City State Zip Code Sidney OH 45365 Purpose of Disbursement Consulting	Ar	mount of Each Disbursement this Period 2000.00 Memo Item
Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District:	Category/ Type Tr	ransaction ID : SB17.4269
Full Name (Last, First, Middle Initial) MarketNow Mailing Address PO Box 2206		ate of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Southern Pines NC 28388 Purpose of Disbursement Website Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify)	Category/	mount of Each Disbursement this Period 750.00 Memo Item ransaction ID : SB17.4248
State: District: Full Name (Last, First, Middle Initial) NC State Board of Elections Mailing Address 441 North Harrington St	_	ate of Disbursement M M / D D / Y Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1
City State Zip Code Raleigh NC 27603 Purpose of Disbursement Initial Filing Fee - District 13 Candidate Name Office Sought: House Disbursement For:	Category/	mount of Each Disbursement this Period 1740.00 Memo Item cansaction ID : SB17.4239
Senate Primary General Other (specify) State: District:		
SUBTOTAL of Disbursements This Page (optional)		4490.00
TOTAL This Period (last page this line number only)		, ,

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:			F	PAGE	15	OF	21
Use separate schedule(s)	(check on	ly one)						
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		I	20a 20b 20c 21	
	y information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any poli		on for the purpose of soliciting contributions	
\rangle	NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS			
۸.	Full Name (Last, First, Middle Initial) NC State Board of Elections Mailing Address 441 North Harrington St		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Zip Code		Amount of Each Disbursement this Period	
	Raleigh NC 27603 Purpose of Disbursement Re-Filing Fee - District 02		1740.00	
	Candidate Name	Category/ Type	Memo Item Transaction ID : SB17.4273	
	Office Sought: House Disbursement For:		Transaction 15 : 3517.4273	
3.	State: District: Full Name (Last, First, Middle Initial) Slick Communications		Date of Disbursement	
	Mailing Address 2115 Rolling Acres		02 12 2016	
	City State Zip Code Youngsville NC 27596 Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
	Yárd Sign Deposit Candidate Name	Category/ Type	Memo Item Transaction ID : SB17.4265	
	Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District:			
٥.	Full Name (Last, First, Middle Initial) Slick Communications		Date of Disbursement	
	Mailing Address 2115 Rolling Acres		M M / D D / Y Y Y Y Y Y 2016 _	
	City State Zip Code Youngsville NC 27596 Purpose of Disbursement		Amount of Each Disbursement this Period 980.21	
	Yard Signs - Balance Due Candidate Name	Category/	Memo Item	
	Office Sought: House Senate President Disbursement For: Primary Other (specify) State: District:	Туре	Transaction ID : SB17.4267	
s	UBTOTAL of Disbursements This Page (optional)		3720.21	
Т	OTAL This Period (last page this line number only)		, , ,	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such	
NAME OF COMMITTEE (In Full)	committee.
JOHN MCNEIL FOR CONGRESS	
Full Name (Last, First, Middle Initial)	
A. The UPS Store Date of Disbursement	
	YYY
	015
Ste. 35	
City State Zip Code Amount of Each Disbursement Raleigh NC 27615	this Period
Purpose of Disbursement PO Box Fee	204.00
PO Box Fee Memo Item	
Candidate Name Category/	
Transaction ID : SB17.4251	
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify)	
State: District:	
Full Name (Last, First, Middle Initial)	
B. VistaPrint Date of Disbursement	
	YY
Mailing Address 95 Hayden Ave 01 26 20	016
City State Zip Code Amount of Each Disbursement	this Period
Lexington MA 02421	
Purpose of Disbursement Campaign Materials	244.48
Candidate Name Candidate Name Candidate Name	
Category/ Type Transaction ID : SB17.4259	
Office Sought: House Disbursement For:	
Senate Primary General	
State: District: Other (specify)	
Full Name (Last, First, Middle Initial)	
C. VistaPrint Date of Disbursement	
M M / D D / Y Y	YY
8.4. (P	016
City State Zip Code Amount of Each Disbursement	this Period
Lexington MA 02421	
Purpose of Disbursement Campaign Materials	188.09
Candidate Name Category/	
Type Transaction ID : SB17.4268	
Office Sought: Disbursement For:	
Senate Primary General Other (specify)	
State: District: Other (specify)	
	636.57
SUBTOTAL of Disbursements This Page (optional)	

TOTAL This Period (last page this line number only).....

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4250 NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS] Election: 2016 Memo Item Primary JOHN P MCNEIL General Mailing Address Other (specify) 6325 FALLS OF NEUSE RD. **SUITE 35-233** State ZIP Code City NC 27615 **RALEIGH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 0.00 204.00 204.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 12^M ^D 17 2015 as available % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 204.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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	Detailed Summary Page 13b			
NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS	Transaction ID : SC/10.4236			
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL II JOHN P MCNEIL Mailing Address	FUNDS]			
6325 FALLS OF NEUSE RD. SUITE 35-233				
City State ZIP C				
RALEIGH NC 27615	5			
Original Amount of Loan Cumulative Payment T	Do Date Balance Outstanding at Close of This Period 0.00 1740.00			
	e Interest Rate Secured: as available 0.00			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line.	f no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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		Detailed Summary Page	³	13b
NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRE		Transact	ion ID : SC/10.4247	
JOHN P MCNEIL	t, Middle Initial) PERSONAL FU	INDS]	Election: 2016 Primary General	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233			Other (specify)	
City	State ZIP Cod	de		
RALEIGH	NC 27615			
Original Amount of Loan 750.00	Cumulative Payment To	Date Balar	nce Outstanding at Close of Th	
TERMS Date Incurred	Date Due	Interest Rate	Secured:	i
M 12 M / 24 D / Y 2015 Y		avialable 0.00		No
List All Endorsers or Guarantors (if a	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
		Amount		_
City Sta	te ZIP Code	Guaranteed Outstanding:	9 9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		_
City Sta	te ZIP Code	Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		7
City Sta	te ZIP Code	Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		_
City Sta	te ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (option	onal)	<u> </u>	750.	.00
TOTALS This Period (last page in this line	e only)	······	.,,	
Carry outstanding balance only to LINE 3	B, Schedule D, for this line. If r	no Schedule D, carry forw	ard to appropriate line of Su	mmary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4208 NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS] Election: 2016 Memo Item Primary JOHN P MCNEIL General Mailing Address Other (specify) 6325 FALLS OF NEUSE RD. **SUITE 35-233** State ZIP Code City NC 27615 **RALEIGH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 0.00 300.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 03^M ^D 17 2016 as available % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) JOHN MCNEIL FOR CONGRESS	Transaction ID : SC/10.4205		
JOHN WONLIE FOR CONGINESS			
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDAMENTAL FUN	Memo Item Election: 2016 Primary General Other (specify) ▼		
6325 FALLS OF NEUSE RD. SUITE 35-233	——————————————————————————————————————		
City State ZIP Code	e		
RALEIGH NC 27615			
Original Amount of Loan Cumulative Payment To D 500.00	Date Balance Outstanding at Close of This Period 0.00 500.00		
	Interest Rate Secured: 0.00 (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer		
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.		